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COVER LETTER

TO: Registration So Division of Cor			,
SUBJECT:	THE SH Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Sook	Name of Person	·
	- PINE	SH LL C Firm/Company	2119 JAN 111
	3818	Eldrite Au	e
	ORaw	See fw 10 F () City/State and Zip Code	32073
	Sook Ma E-mail address: (to be used for future annual report notit	ication)
For further information c	oncerning this matter, please of	•	
Name o	-	ar (904) \$59	5977 Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registi	ING ADDRESS:	STREET/COURI Registration Section	n

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited L.)	iv as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company vibration of the Articles of Organization for this Limited Liability Company vibration of the following:	were filed onand assigned
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabilia	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	20:
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	-F A (-7)
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, enter the name of the new
Name of New Registered Agent: 500	K MARIAD
New Registered Office Address: 3818	Eldridue Aue of
	Pars for Cing Special Sip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

	MGR = Manager AMBR = Authorized Member				
Title	Name	<u>Address</u>	Type of Action		
			•		
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retive date, if other than the date of filing:	(optio	mal)
effective date is listed, the date must be specific and cannot be prior to date of filing or more e: If the date inserted in this block does not meet the applicable statutory filing r	than 90 days after equirements, this	filing.) Pursuant to 602 date will not be list
ument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effective tim he 90th day after the record is filed.	ne, at 12:01 a	.m. on the earli
ed 1/9/2019.		
Signature of a member or authorized representative of	a member	
Soo Ryped or printed name of signee		
- JOSK MARIAG		

Page 3 of 3

Filing Fee: \$25.00